MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER I"AMENDMENT AS FILED AFTER 2 MAMENDMENT 1"AMENDMENT 2 MAMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 6 TOTAL IND TOTAL (ND TOTAL DEP TOTAL DEP TOTAL TOTAL

CLAIMS

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